

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43406

State File No.

FILED DEC 27 1950

BIRTH NO.		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>6225</u>		Registrar's No. <u>118</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wash Township - Nevada Mo</u> c. LENGTH OF STAY (In this place) <u>4 mths</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital 3 Nevada Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Greenfield</u> d. STREET ADDRESS (If rural, give location) <u>unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>POTTS</u> c. (Last) <u>POTTS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25, 1950</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>separated</u>		8. DATE OF BIRTH <u>Aug 25, 1878</u>		9. AGE (In years last birthday) <u>72</u>		10. IF UNDER 1 YEAR Months <u>3</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
11. BIRTHPLACE (State or foreign country) <u>Dade County Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Levi Potts</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>unknown</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no record</u>		16. SOCIAL SECURITY NO. <u>no record</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital 3 Nevada Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypostasis - arteriosclerotic</u> DUE TO (c) <u>Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Impacted Fracture left hip 11-18-50</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few days</u> <u>5-11-50</u> <u>21</u>		19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (Specify) <u>fall</u> SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>ward, State Hosp 3</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada Vernon Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-18-50 P m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fell out of bed</u>		108	
22. I hereby certify that I attended the deceased from <u>July 13</u> , 19 <u>42</u> , to <u>Nov 25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 25</u> , 19 <u>50</u> , and that death occurred at <u>3 A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul L. Barone</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>State Hospital 3 Nevada Mo</u>		23c. DATE SIGNED <u>Nov 25, 50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Nov. 25-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Heidelberg</u>		24d. LOCATION (City, town, or county) (State) <u>Heidelberg Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. L. Hauschild</u>	
25. ADDRESS <u>Heidelberg Mo</u>		DATE REC'D BY LOCAL REG. <u>11-25-50</u>		REGISTRAR'S SIGNATURE <u>Nathaniel H. Hance</u>		331	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED DEC 11 1950

Dist. File 1250-2476

Date Filed 12-14-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

R. L. Hamschick

Licensed Embalmer No. 3234

P. O. Address Lackwood Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.